State of Connecticut Department of Public Safety Division of State Police

Special Licenses & Firearms Unit

BAIL ENFORCEMENT AGENT'S LICENSE RENEWAL APPLICATION

INSTRUCTIONS TO APPLICANTS								For Office use only:			
1. Complete by printing or typing in all entries, using black ink only.								of Applications	, ,		
2. If a "Yes" is checked use plain 81/2 x 11 paper for additional space.							Date of Application://				
	3. Include a \$ 100.00 certified check or money order for the BEA license, made payable to D.P.S							License #:			
4. Include 2	2 X 2 full	face color	passport typ	oe photo wi	th blue backg	ground	Badg	s No			
5. Please return renewal application at least 2 weeks prior to expiration date.								je ∐ Ye	:5 🗀 140		
Name of Applicant:											
Last Name First Name MI											
l ist all othe			ch vou hav	/e been k	nown (Maid			•	IVII		
List all other names by which you have been known (Maiden Name, Aliases, Nicknames, etc.):											
Residential Address (Do not use a P.O. Box Number):											
Nui	mber		Stre	et		City/	Town		State	ZIP Code	
BEA Busine	ess Nar	ne: (If an						Bus	iness Telephone		
Business Address Mandatory (for public information use, P.O. Box number acceptable)											
	Number		Street				Town		State	ZIP Code	
Date of B	irth	Race	Sex	Height	Weight	Hair	Color	Eyes Color	Home To	elephone	
Place of	Birth (C	City/Town/C	Country)	Social Security Numb			er	Operato	License Number/Is	suing State	
			,		-			•		-	
					MED	DICAL	HISTO	DRY			
Have you ever been committed to or confined in a Hospital for a Mental Illness within the past 12 months? YES NO (If Yes, explain):											
Have you within the past the 12 months received care or treatment for any Mental, Psychiatric, Psychological Illness or Disorder (If Yes, explain):											
Have you been discharged from custody, within the past twelve (12) months, after having been See Sound not guilty of a crime by reason of mental disease or defect ?(If Yes, explain):											
					EMPLO	OYME	NT HIS	STORY			
Provide the following information about your present employer:(If you are not employed, provide information of your most recent employer)											
Company Na	Company Name Address (Street, City, State, ZIP Code)							Sup	ervisor Name	Telephone No <u>.</u>	
CRIMINAL HISTORY ACTIVITY											
Have you ever been convicted in any court of any crime within the past 12 months? [] YES [] NO (If Yes, list all convictions, including all charges, locations, dates of arrests and dispositions using additional sheets of paper if additional space is required):											

	CRIMINAL HISTORY ACTIVITY	Y (CONTINUED)	
turpitude, or for use, Sale, Poss	hin the past 12 months for any incident ession of Illegal Drugs or Narcotics, or list all convictions, charges, locations, dates	Driving While Under the Influence	YES NO
	Parole, a Work Release Program, In an on Personal Recognizance (WPTA) or l		☐ YES ☐ NO
Are you now the subject of a Re the use attempted use or Threat (If Yes, explain)	☐ YES ☐ NO		
	MOTOR VEHICLE HI	STORY	
Have you within the past 12 r for a motor vehicle charge?	nonths been arrested or issued an (If Yes, explain list all arrests):	infraction complaint or summons	YES NO
	LICENSE AND PERMIT IN	FORMATION	
Do you have a Bondsman, Priva	te Detective, or Security license?	If Yes, #	☐ YES ☐ NO
Do you have a Conn. State Pisto	I Permit?	If Yes, #	☐ YES ☐ NO
Do you have a Conn. Security G	uard Firearms Permit?	If Yes, #	☐ YES ☐ NO
Do you have a Conn. Bail Enforce	ement Agent Firearms Permit?	If Yes, #	☐ YES ☐ NO
Do you wear, carry or display an	y badge. (If yes, Approval by the com	missioner is required.)	☐ YES ☐ NO
Have you had your license or pe (If Yes, explain details on an attached	rmit denied, suspended or revoked win sheet of paper)	thin the past 12 months?	☐ YES ☐ NO
THE ABOVE QUESTIONS ARE T APPLICATION ARE GROUNDS F	ENALTIES OF GIVING A FALSE STATE RUE AND CORRECT. I ALSO UNDERS OR THIS APPLICATION NOT TO BE AR ELOW ATTESTS TO THE ACCURACY OR N THIS APPLICATION.	STAND THAT FALSE STATEMENTS C PPROVED AND FOR THE PERMIT AP	ONTAINED IN THIS PLIED FOR NOT TO
Signature of Applicant:		Date signed:	1 1
The signer of the foregoing the matters contained here	ng application personally appea	ared before me and made oatl	n to the truth of
This	day of	20	
DPS-53-C (Rev. 5/01)	Notary Public, Justice of the P	Peace, Commissioner of Super	ior Court